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UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF MISSOURI
DIVISION

MAY 19 2016

U. S. DISTRICT COURT
EASTERN DISTRICT OF MO
ST. LOUIS

BY MAIL

Ms. Adriane B. Jackson

Ms. Adrienne B. Jackson

Inmate No. 150273

(Enter above the full name of the
Plaintiff(s) in this action. Include prison
registration number(s).)v.
St. Louis County Circuit Court
Pine Lawn Police Department

St. Louis County Justice Center Intimacy

St. Louis County Medical Staff

St. Louis County Transporters

Mail Clerk

Department of Mental Health

Hospitals medical staff of all

psychiatrists, psychologists, and nurses

Board of Probation Department of Corrections

(Enter above the full name of ALL Defend-
ant(s) in this action. Fed. R. Civ. P. 10(a)
requires that the caption of the complaint
include the names of all the parties. Merely
listing one party and "et al." is insufficient.
Please attach additional sheets if necessary.)

4:16CV00704 AGF

Missouri Bar Social Worker
Arts of Healing Department of Education
All treatments
Fulton State Hospital Metropolitan Psychiatric Center
Depaul Hospital, Christian North East
St. Mary's; Barnes, and any others
Children's One Place for records
Malpractice Center
St. Louis Circuit Court Div. 1 Judges
St. Louis City Family Court/Children's Division
Family Resource Center Agency
Jimmie Edwards (Judge)
David Mason (Judge)**PRISONER CIVIL RIGHTS COMPLAINT UNDER 42 U.S.C. § 1983**

I. PLACE OF PRESENT CONFINEMENT:

St. Louis County Justice Center (Jail)

II. PREVIOUS CIVIL ACTIONS:

A. Have you brought any other civil actions in state or federal court dealing with the
same facts involved in this action or otherwise relating to your confinement?

YES [✓]

NO [✓]

B. If your answer to "A" is YES, describe the action(s) in the space below. If there is more than one action, you must describe the additional action(s) on a separate piece of paper, using the same format as below.

1. Parties to previous civil action:

Plaintiff(s): Adriane B Jackson

Defendant(s): _____

2. Court where filed: _____

3. Docket or case number: 4:15 cv-00724 + 4:15 cv-01874 ERW

4. Name of Judge: _____

5. Basic claim made: civil rights complaint 1983

Writ of Habeas Corpus 2254

6. Present disposition (Is the case still pending? Is it closed? If closed, was it appealed?):

It's in the process of being on the docket

III. GRIEVANCE PROCEDURES:

A. Is there a prisoner grievance procedure at the institution in which you are incarcerated?

YES ☒ NO ☐

B. Have you presented this grievance system the facts which are at issue in this complaint?

YES ☒ NO ☐

C. If your answer to "B" is YES, what steps did you take: _____

I wrote to Herbert Bernsen, gave grievances to staff
and if its in a way to sue they don't answer

D. If your answer to "B" is NO, explain why you have not used the grievance system:

They don't respond when you been injured legally
or medically, legally of information pertaining to length
of days of incarceration

IV. PARTIES TO THIS ACTION:

A. Plaintiff(s)

1. Name of Plaintiff: Ms. Adrienne B Jackson Inmate 150273
2. Plaintiff's address: St. Louis County Justice Center
100 South Central Avenue
3. Registration number: 150273
4. Additional Plaintiff(s) and address(es): _____

Any documents of information of
records for proof

B. Defendant(s)

1. Name of Defendant: State of Missouri Herbert Bernsen
St. Louis County Circuit Court
2. Defendant's address: Pine Lawn Police Department Pine Lawn, Mo
7900 Carondelet 100 South Central Clayton, Mo
3. Defendant's employer and job title: State of Missouri 63105
St. Louis County Circuit Court / St. Louis
4. Additional Defendant(s) and address(es): St. Louis County Government
additional parties police, prosecutors, defense attorneys
Board of Probation, Medical of St. Louis County Justice Center
7900 Carondelet Circuit Court +

-3-

Mary V Horsten
Duan Ellworth
Ervin Simmons

100 South Central

Barnes Jewish Christian Northeast
St. Mary's Station Metropolitan
Psychiatric Center

V. COUNSEL

A. Do you have an attorney to represent you in this action?

YES ☐

NO ☒

B. If your answer to "A" is NO, have you made an effort to contact an attorney to represent you in this matter?

YES ☐

NO ☐

I'm trying

C. If your answer to "B" is YES, state the name(s) and address(es) of the attorneys you contacted and the results of those efforts:

H. Carl Mueller 4390 Lindel

Venus Harry U. City

Mark Burn 818 Lafayette

Jeremy Beard 818 Lafayette

Public Defenders 100 South Central

D. If your answer to "B" is NO, explain why you have not made such efforts:

E. Have you previously been represented by counsel in a civil action in this Court?

YES ☐

NO ☒

F. If your answer to "E" is YES, state the attorney's name and address:

hope to have legal counsel in this civil matter

VI. Statement of claim (State as briefly as possible the facts of your case. Describe how each defendant is involved. You must state exactly what each defendant personally did, or failed to do, which resulted in harm to you. Include also the names of other persons involved, dates, and places. Be as specific as possible. State your claims in numbered paragraphs. You may use additional paper if necessary):

1. I was charged with 2 different offenses that was made into a crime
2. I was involved with physical harm with Pine Lawn Police Department
3. I was involuntarily incarcerated / hospitalized while pregnant by the St. Louis Circuit Court upon decisions made by the St. Louis County Justice Center Medical Infirmary also privileged information by Pine Lawn Police Department who originally imposed a crime with a person that allowed me to have a nervous break down
4. I was used in my own defense without legal counsel
5. Information was passed and used against me
6. I was forced in trial and found legally / medically incompetent
7. I never had Due Process of the law
8. I was forced other obligations implemented by Probation officer
9. I was forced to wear an ankle bracelet four years later
10. I was resentenced by the St. Louis County Court with false judgment by Probation, prosecutor ordered by Judge for ankle
11. I have suffered severe punishment - not led to other illnesses involving my mental, physical, psychological, social, emotional health without proper care and treatment, with extended length of false imprisonment
12. I have broken bones such as jaw, leg, ankle along with chipped teeth.
13. And forced medications that caused me harm I was abused by St. Louis County Circuit Court

Additional Names are attached →

It has been hard to communicate in the Court of Law.

St. Louis County Justice Center / Medical Staff
Board of Probation
Fulton State Hospital
Metropolitan Psychiatric Hospital

VII. RELIEF

State briefly and exactly what you want the Court to do for you. Do not make legal arguments. (Note: If you are a **state** prisoner and you seek from this Court relief that affects the length or duration of your imprisonment, your case **must** be filed on a § 2254 form.)

damages, as no unspecified amount for injuries with police hospital incarceration
 overturn my conviction so I can plead not guilty to
 release on my own recognizance until decided
 to be investigated without this ankle monitor
 exempt from all this charges illegality illegal
 I want to be free I did everything I could imprisonment

VIII. MONEY DAMAGES:

A) Do you claim either actual or punitive monetary damages for the acts alleged in this complaint?

YES ☒ NO ☐

B) If your answer to "A" is YES, state below the amount claimed and the reason or reasons you believe you are entitled to recover such money damages:

Will decide at a later time Involuntary incarceration
 unspecified amount damages, injuries, held involuntarily
 Involuntarily legally and medically for future ongoing harm injuries damages
 also medical malpractice
 loss suffering for everything that went wrong without NO LEGAL
 From someone's negligence and FAULT JUSTIFICATION

IX. Do you claim that the wrongs alleged in the complaint are continuing to occur at the present time?

YES ☒ NO ☐

Adriane Jackson
 Adriane Jackson

Signature of attorney or pro se Plaintiff(s)

May 16, 2016
 Date